## **Application Data Sheet**

### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: One

Sequence submission?:: Yes

Computer Readable Form (CRF)?::

Title:: RECOMBINANT VACCINE AGAINST

Yes

FLAVIVIRUS INFECTION

247332001100 Attorney Docket Number::

Request for Early Publication?:: -No

Request for Non-Publication?:: No

Total Drawing Sheets:: 8

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

**Full Capacity** Status::

Given Name:: Michael

LIEBERMAN Family Name::

City of Residence:: Aiea State or Province of Residence::

Country of Residence:: US

Street of mailing address:: 1052 Ala Nanu #304

City of mailing address:: Honolulu

State or Province of mailing address:: HI

Postal or Zip Code of mailing address:: 96818

HI

# **Correspondence Information**

Correspondence Customer Number::

Representative Information

Representative Customer Number:: 25225

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Not yet assigned	An application claiming the benefit under 35 USC 119(e)	60/432,865	12/11/02
Not yet assigned	An application claiming the benefit under 35 USC 119(e)	60/493,312	08/06/03

25225